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## **BIB DATA SHEET**

## **CONFIRMATION NO. 3656**

| SERIAL NUM  | ERIAL NUMBER FILING   |             | or_371(c)           |        | CLASS               | GROUP AR           | OUP ART UNIT                          |        | ATTORNEY DOCKET       |  |
|---|---|-------------|---------------------|--------|---------------------|--------------------|---------------------------------------|--------|-----------------------|--|
| 10/594,83   |   |             |                     |        | 355                 | 2851               |                                       | 129559 |                       |  |
|   | RUL   |             | E                   |        |                     |                    |                                       |        |                       |  |
| APPLICANT<br>Shinichi (   |   | okyo, JAPAN | •                   |        |                     |                    |                                       |        |                       |  |
| ** <b>CONTINUING DATA</b> ***********************************         |   |             |                     |        |                     |                    |                                       |        |                       |  |
| ** FOREIGN APPLICATIONS ************************************          |   |             |                     |        |                     |                    |                                       |        |                       |  |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/11/2008          |   |             |                     |        |                     |                    |                                       |        |                       |  |
| Foreign Priority claimed Yes No 35 USC 119(a-d) conditions met Yes No |   |             | Met after Allowance |        | STATE OR<br>COUNTRY | SHEETS<br>DRAWINGS | TOT.                                  |        | INDEPENDENT<br>CLAIMS |  |
| Verified and /CHRISTINA A   |   |             |                     |        | JAPAN               | 11 16              |                                       |        | 3                     |  |
| Acknowledged RIDDLE/ Examiner's Signature                             |   |             |                     |        | JAI AIN             | 11                 |                                       | ,<br>  |                       |  |
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| UNITED STATES   |   |             |                     |        |                     |                    |                                       |        |                       |  |
| TITLE   |   |             |                     |        |                     |                    |                                       |        |                       |  |
| Alignmen<br>Apparatu  |   |             | ation Met           | hod an | d Apparatus of th   | ne Same, and       | Exposure                              | e Meth | nod and               |  |
|   | FEES: Authority has been given in Paper  No to charge/credit DEPOSIT ACCOUNT  No for following: |             |                     |        |                     | ☐ All Fe           | ☐ All Fees                            |        |                       |  |
|   |   |             |                     |        |                     | □ 1.16             | ☐ 1.16 Fees (Filing)                  |        |                       |  |
|   |   |             |                     |        |                     | NT 1.17            | ☐ 1.17 Fees (Processing Ext. of time) |        |                       |  |
|   |   |             |                     |        |                     |                    | ☐ 1.18 Fees (Issue)                   |        |                       |  |
|   |   |             |                     |        |                     | ☐ Othe             | Other                                 |        |                       |  |
|   |   |             |                     |        |                     | ☐ Credi            | ☐ Credit                              |        |                       |  |
|   |   |             |                     |        |                     |                    |                                       |        |                       |  |